

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	<input checked="" type="checkbox"/>
Audited	_____
Computer	_____ <i>pb</i>
Certified Date of Dissolution	_____

COMMITTEE NAME

Official Name of Committee	
<u>CLIVE CITIZENS FOR CONTINUED DEVELOPMENT</u>	
Street	
<u>9603 ELMCREST DRIVE</u>	
City, State, Zip Code	
<u>CLIVE, IOWA 50325-6307</u>	
Area Code	Telephone
<u>(515)</u>	<u>229.0942</u>

Effective date of dissolution:

_____ 12-31, 2002

_____ *Steve Fisher*

Signature of Treasurer

_____ 01-08-03

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY: <i>NA</i>	
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.	
Signature of Candidate - Required for Candidate's Committee	Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.